



**Maine State Harness Racing Commission**  
28 State House Station  
Augusta, Maine 04333-0028  
Phone: 207-287-3221 Fax: 207-287-7548



**PARIMUTUEL EMPLOYEE LICENSE APPLICATION**

**PHOTO ID REQUIRED**

*Applications must be printed or typed in blue or black ink. All questions must be answered.*

Section 1. Applicant Information		Check the TYPE of Request:		New		Renewal	
Applicant Name:			Date of Birth:				
Mail Address:							
City:			State:		Zip:		
Home Phone:			Fax:				
Work Phone:			Email:				
Gender:		Hair Color:		Eye Color:		Height:	
						Weight:	

*Answer Y (Yes) or N (No) and provide corresponding detail where appropriate:*

- ☐ 1. Are you licensed in another state(s)? If YES, where? \_\_\_\_\_
- ☐ 2. Have you ever been denied a license? If YES, when? \_\_\_\_\_
- ☐ 3. Have you ever been suspended or otherwise barred by any recognized racing authority and/or racetrack in the U.S. or elsewhere?  
If YES, where? \_\_\_\_\_
- ☐ 4. Have you been indicted or convicted of a crime or has a criminal complaint been filed against you?  
Where (State)? \_\_\_\_\_ Date: \_\_\_\_\_ Attach appropriate paperwork.

*For each conviction described above, a certified copy of the court complaint, including indictment and /or certified copy of the disposition must be attached to the application. If papers are not attached, your application will be considered incomplete and will not be processed.*

- ☐ 5. Do you have any direct or indirect interest in any racehorse in the State of Maine? If YES, list at least one horse: \_\_\_\_\_

**APPLICATIONS WILL NOT BE PROCESSED UNLESS FULLY COMPLETED.**

I hereby authorize the Maine Harness Racing Commission and its agents to investigate all aspects of this application with all appropriate agencies. I swear or affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

Applicant Signature	Date Signed
Parimutuel Director Signature	Date Signed

**Section 2: Fees**

\$20 for One-Year License

Please make checks payable to: **Treasurer, State of Maine**

**NOTICE: Any false written statements made by the undersigned, with the intent to deceive a public servant in the performance of his or her official duties, may expose the undersigned to criminal liabilities under 17-A MRSA 453 1.B. (1).**

OFFICE USE ONLY							
Date Received:				Check #:			
Application:		Approved	Rejected	Returned	Cash Receipt #:		
Current License:				Credit Card #:			
Comments:				Credit Type:		MC	VISA
				Expiration Date:			